

EXHIBIT 1



Public Utility Commission of Texas
RECEIVED
 1701 N. Congress Avenue or P.O. Box 13326
 Austin, Texas 78711-3326 **2014 SEP 23 AM 10:53**
 512-936-7000 • (Fax) 512-936-7003
 Web Site: www.puc.texas.gov **PUBLIC UTILITY COMMISSION**
FILING CLERK

**Application for a Texas Permit to Operate an
 Automatic Dial Announcing Device (ADAD)**
Permit Registration 2014 Permit Type: NEW Project 42081

(Pursuant to PUC Substantive Rule §26.125)

Submit the original and 3 copies with \$50 fee

TITLE PAGE

Applicant

Applicant name (only one name): Revenue Assistance Corporation

Contact Information (for questions about information provided in application)

Contact Name: Michael Sheehan	Title: Vice President / COO	
Street or Mailing address: 4780 Hinckley Industrial Parkway		
Mailing address (Suite, Floor or Room): Suite 200		
City: Cleveland	State: Ohio	Zip Code: 44109
Phone No.: (216) 763-2107	Fax No.: (216) 763-2152	Toll Free No.:
Email: msheehan@revenuegroup.com		Web Address: www.revenuegroup.com

Authorized Representative Contact Information (Agent of Process for non Texas resident)

Contact Name: Corporation Service Company	Title:	
Street or Mailing address: 211 E. 7th Street		
Mailing address (Suite, Floor or Room): Suite 620		
City: Austin	State: Texas	Zip Code: 78701
Phone No.: (866) 846-8765	Fax No.:	Toll Free No.:
Email:		Web Address:

CERTIFIED TO BE A TRUE AND CORRECT
 COPY OF THE ORIGINAL ON FILE WITH THE
 PUBLIC UTILITY COMMISSION OF TEXAS
 CENTRAL RECORDS DIVISION

BY: John Medina
 DATE: 3-17-2015



Regulatory Representative Contact Information

Contact Name: Michael Sheehan	Title: Vice President / COO	
Street or Mailing address: 4780 Hinckley Industrial Parkway		
Mailing address (Suite, Floor or Room): Suite 200		
City: Cleveland	State: Ohio	Zip Code: 44109
Phone: (216) 763-2107	Fax No.: (216) 763-2152	Toll Free No.:
Email: msheehan@revenuegroup.com	Web Address: www.revenuegroup.com	

Part A – COMPANY ADMINISTRATIVE INFORMATION

A-1. Form of Business

(a). Form of Business:

- | | |
|--------------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Other (Explain in "b" below) |

(b). State of Incorporation or Primary Registration:

A-2. Principal Company Information

(a) Physical Address

Company Name: Revenue Assistance Corporation

Primary Contact: John J. (Trey) Sheehan	Title: President /CEO	
Physical Address: 4780 Hinckley Industrial Parkway, Suite 200		
City: Cleveland	State: Ohio	ZIP: 44109
Email: TSheehan@revenuegroup.com	Website: www.revenuegroup.com	
Phone: (216) 763-2105	Fax: (216) 763-2152	Toll Free:

(b) Mailing Address (if different from Physical Address)**Company Name:****Contact:** _____ **Title:** _____**Mailing Address:****City:** _____ **State:** _____ **ZIP:** _____**Email:** _____ **Website:** _____**(c) Texas Address - Agent for Service of Process – A contact that can receive Official Mail or a Summons****Company Name:** Corporate Service Company**Contact:** _____ **Title:** _____**Address:** 211 East 7th Street, Suite 620**City:** Austin **State:** Texas **ZIP:** 78701**Email:** _____ **Website:** _____**Phone:** _____ **Fax:** _____ **Toll Free:** _____**A-3. Certificated Name(s)****(a). Primary Name on Certificate (Registrant is allowed only one name)****Certificate Name:** Revenue Assistance Corporation**Legal Name:** Revenue Assistance Corporation**Assumed Name(s):** Revenue Group**Texas Secretary of State (or County) File Number:** 801775995**Date Business was established in Texas:** 2010**Federal and/or Tax ID. Number:** 34-1778077**Other Applicable Certification/File Numbers:****A-4. Directors, Officers, or Principals Information – (Provide a list of the names, titles, phone number and office email)**

NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS
John J. (Trey) Sheehan	President / CEO	(216) 763-2105	tsheehan@revenuegroup.com
Michael Sheehan	Vice President / COO	(216) 763-2107	msheehan@revenuegroup.com

Part B – ADAD INFORMATION

B-1. Number of Automatic Dial Announcing Devices (ADADs) – Provide the number of ADAD Units owned or operated by the Permit holder.

Number of ADAD Units: 1

B-2. ADAD Unit Information. Identify each ADAD Unit in the following manner: ADAD A, ADAD B, ADAD C, etc. For each identified ADAD, provide the information requested below. If more than two ADADs, submit the additional ADADs as Attachment B-2.

ADAD A

Name of Incumbent/Competitive Local Exchange Company providing Network Connections:	AT & T, Time Warner, XO Communications, and Century Link	
Name of Long Distance Carrier providing Network Connections:	AireSpring	
ADAD Physical Address: 4780 Hinckley Industrial Parkway, Suite 200		
City: Cleveland	State: Ohio	Zip Code: 44109
Manufacturer: FACS Ontario Systems		
Model, Computer Program, or Card Number: OSC GC Dialer		
If another format, provide explanation:		
Is ADAD unit Governed by FCC 47 C.F.R. Part 68?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the "YES" box is selected then provide the registration number below; then proceed to B-3. If the "NO" box is selected then provide the type of dialer, hosted dialer provider, and dialer technology
Federal Registration Number issued by the Federal Communications Commission (FCC) or ACTA:		
Type of Dialer		<input checked="" type="checkbox"/> Hard Dialer (connected to computer) <input type="checkbox"/> Hosted Dialer (internet connection)
Hosted Dialer Provider Name		
Type of Technology		<input type="checkbox"/> Software <input type="checkbox"/> VOIP <input type="checkbox"/> Other

ADAD B

Name of Incumbent/Competitive Local Exchange Company providing Network Connections:	AT & T, Time Warner, XO Communications, and Century Link	
Name of Long Distance Carrier providing Network Connections:	AireSpring	
ADAD Physical Address: 4780 Hinckley Industrial Parkway, Suite 200		
City: Cleveland	State: Ohio	Zip Code: 44109
Manufacturer: ViciDial		
Model, Computer Program, or Card Number: Unix Servers		
If another format, provide explanation:		
Is ADAD Governed by FCC 47 C.F.R. Part 68?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the "YES" box is selected then provide the registration number below; then proceed to B-3. If the "NO" box is selected then provide the type of dialer, hosted dialer provider, and dialer technology	
Federal Registration Number issued by the Federal Communications Commission (FCC) or ACTA:		
Type of Dialer	<input checked="" type="checkbox"/> Hard Dialer (connected to computer) <input type="checkbox"/> Hosted Dialer (internet connection)	
Hosted Dialer Provider Name		
Type of Technology	<input type="checkbox"/> Software <input type="checkbox"/> VOIP <input type="checkbox"/> Other	

B-3. ADAD Number(s) and Location (County). Provide a list of all ADAD Numbers and Locations (County) being requested by the Permit holder. A Commission-Approved Permit must be obtained before any ADADs can be operated. If more than 5 ADAD Numbers and Locations are being listed, provide the additional ADAD Numbers and Locations on two CDs.

NOTE: Submit the two CDs in the following format – Tab once between the ADAD Identifier, the 10 Digit Phone Number and the County and save as a Text File (.txt)(Notepad) or (.xls)(Excel) file ONLY.

Yes No. Are you submitting your ADAD Phone Numbers and Locations (County) confidentially? If Yes, follow the PUC Procedural Rule §22.71(d) for submitting confidential information. If No, provide the maximum of 5 numbers below, if more than 5 submit 2 CDs.

ADAD IDENTIFIER (A, B, C etc.)

**10 DIGIT TELEPHONE
NUMBER**

LOCATION (County)

Please see enclosed disk		USA

AFFIDAVIT

State of: Ohio	§	
	§	
County of: Cuyahoga	§	

By my signature on this application statement, I swear or affirm that I have personal knowledge of the facts stated on this application to operate one or more Automatic Dial Announcing Devices (ADADs) in the State of Texas or operate ADADs directed to residents of Texas. I further swear or affirm that all the statements and representations made in this application permit are true and correct. I understand and will comply with all requirements of law applicable to an operator of ADADs and telemarketers or telephone solicitors in compliance with Public Utility Regulatory Act, TEX.UTIL.CODE Ann. §§ 55.121-55.138, Texas Telemarketing Disclosure and Privacy Act, TEX. BUS. & COM. CODE §§ 43.001-43.253, and P.U.C. SUBST. R. §26.125 and other applicable state and federal laws.

I understand that failure to comply may result in administrative penalties of up to \$1,000 a day and revocation of this permit. I am authorized to make the statements and representations on behalf of the ADAD Permit Applicant.



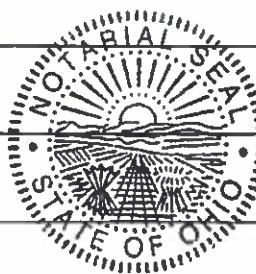
Signature and Title

Michael Sheehan, Vice President / COO

Typed or Printed Name and Title

SWORN TO AND SUBSCRIBED before me on the 17

of September 2014



Notary Public in and For the State of
STACY K. ANDRUS
NOTARY PUBLIC
STATE OF OHIO
Recorded in
Lake County
My commission expires on:
9/24/18

My Comm. Exp. 4/24/18

Not Needed -

ATTACHMENT Part B-2

ADAD UNIT INFORMATION

Name of Incumbent/Competitive Local Exchange Company providing Network Connections:			
Name of Long Distance Carrier providing Network Connections:			
ADAD Physical Address:			
City:	State:	Zip Code:	
Manufacturer:			
Model, Computer Program, or Card Number:			
If another format, provide explanation:			
Is ADAD Governed by FCC 47 C.F.R. Part 68?	<input type="checkbox"/> Yes <input type="checkbox"/> No If the "YES" box is selected then provide the registration number below; then proceed to B-3. If the "NO" box is selected then provide the type of dialer, hosted dialer provider, and dialer technology		
Federal Registration Number issued by the Federal Communications Commission (FCC) or ACTA:			
Type of Dialer	<input type="checkbox"/> Hard Dialer (connected to computer) <input type="checkbox"/> Hosted Dialer (internet connection)		
Hosted Dialer Provider Name			
Type of Technology	<input type="checkbox"/> Software <input type="checkbox"/> VOIP <input type="checkbox"/> Other		

Name of Incumbent/Competitive Local Exchange Company providing Network Connections:			
Name of Long Distance Carrier providing Network Connections:			
ADAD Physical Address:			
City:	State:	Zip Code:	
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Model, Computer Program, or Card Number:			
If another format, provide explanation:			
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Hosted Dialer Provider Name			
Type of Technology	<input type="checkbox"/> Software <input type="checkbox"/> VOIP <input type="checkbox"/> Other		